ATTACHMENT PART 2

AUTHORIZED FOR LOCAL REPRODUCTION 7540-00-634-4176 CHRONOLOGICAL RECORD OF MEDICAL CARE **EDICAL RECORD** SYMPTONS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry) DATÉ - 12-00 1105 M. Tarr, MLP FCI McKean DEPART./SERVICE STATUS HOSPITAL OR MEDICAL FACILITY RELATIONSHIP TO SPONSOR SSN/ID NO. SPONSOR'S NAME WARD NO. PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.) REGISTERING 27060

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CHRONOLOGICAL RECORD OF MEDICAL CARE

Medical Record

STANDARD FORM 600 (REV. 6-97) Prescribed by GSA/ICMR FIRMR (41 CFR) 201-9.202-1

(face)	Case 1:03-cv-00355-S <u>JM-SPB </u>	41- 600-108				
40-00-634-4176						
HEALTH RECORD	CHRONOLOGICAL RECORD OF MEDICAL CARE					
DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)					
15 0	PSYCHIATRIC CLINIC: MOOD DISCRDER					
[1]	SUBJECT IVE:					
 	1. Reports From Institution Staff (social isolation, altered level of activity, disruption i	n steep				
	pattern): 1 And 4 hrs pewerls.					
		1 22				
	2. Inquiry into current medical or psychological concerns of patient:	dongoh				
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	3. Medication Compliance and Presence of Side Effects:					
	4. Use of Psychological Services: Know about	· · · · · · · · · · · · · · · · · · ·				
		<u> </u>				
	5. Current appetite: 9190 i					
	6. Sleep pattern: 5/eep Well	<u> </u>				
	7. Ability to work: OK.					
	and a Calendia					
	8. Current hobbies and sources of entertainment: 14d Sylvense.					
	9. Status of relationships with significant relations, peers and staff: Get well	Ĵ				
	9. Status of relationships with significant relations, peers and state of the state					
	10. Near and long term plans and goals:					
	10. Hear and tong term plans and godies					
	11. Inquiry into mood, feelings of guilt, self-reproach, excessive guilt, worthlessness,	and thoughts				
	of death:					
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hanical Impri	nt) RECORDS MAINTAINED AT:					
	PATIENT'S NAME (LEST, First, Middle Initial)	SEX				
:	Jens Jens	RANK/GRADE				
•	RELATIONSHIP					
	SPONSOR'S NAME ORGANIZAT	ION				
	DEPART /SERVICE SSN/IDENTIFICATION NO.	DATE OF BIRT				
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	CHECHOLULICAL RECORD ON THE Described to	M 600 (Rev. 5-6 ry GSA and ICMR R) 201-45.505				

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
	OBJECTIVE:
	1. Grooming and hygiene:
	any jujo.
	2. Weight: 23/
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	3. Cognitive impairment (ability to focus on issues, realistic goals):
	() La
	4. Affect:
	7000
	5. Volition (Interest in the environment shifting to the service shifting the service shiftin
<u></u>	5. Volition (Interest in the environment, ability to initiate and maintain goal directed behavior):
	ASSESSMENT: Avia To
· · · · · · · · · · · · · · · · · · ·	AXIST: DUIVENIM.
	Axis III: Colluitis hx
	2. Presence of symptoms which warrant close follow up (e.g., suicidal ideation, extreme withdrawal,
	sense of hopelessness, agitation) or Need for special accommodation:
	Non.
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	3. Medication Compliance, Side Effects Drug Interactions:
	God Charl
	PLAN:
	1. Therapeutic Goals: Provide for the safety of the patient, assist patient in management of depress
	through use of: support groups, increased participation in activities which parties
····	meaningful, development of positive past times, pharmacological therapy and individual counseling
	2. Patient Education: Understanding nature of illness and symptoms, participation in meaningful
	activities, cultivation of positive social relationships, utilization of staff resources for cris
	intervention, stress management, medication compliance, medication goals (maintain the patient
	symptom free at lowest possible dosage).
	Thurst teeling
······································	3. Return to clinic: 2 Marillo
	4. Medications:
	Pavent Education / / Paraller Song Tat HS D/L
	Do not Special Instruction
	C. Oyler, R.Ph \nO
	1 GOTHEZ AMLP

SN 7540-00-834 CASE	1:03-cv-00355-SJM-SPB Document 48-6 Filed 02/16/2006 Page 5 of 41
HEALTH RECO	CHRONOLOGICAL RECORD OF MEDICAL CARE
DATE ,	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
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	Patient Education
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TIENT'S IDENTIFICA	ATION (Use this space for Mechanical RECORDS MAINTAINED FC: McKean
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	RELATIONSHIP TO SPONSON STATUS RANK/GRADE
	SPONSOR'S NAME ORGANIZATION
	DEPART./SERVICE SSN/IDENTIFICATION NO.
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NSN 7540-00-634 Case 1:03-cv-00355-SJM-SPB Document 48-6

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NSN 7540-00-834-(78SE	1:03	-cv-00355-SJM-S	PR Document 48-6		* .	Page 6 of	41 600-108
HEALTH RECOF	RD	' 	CHRONOLOGICAL F				
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HEALTH RECORD	- Arteman	CHRONOL	OGICAL RECORD OF MED	ICAL CARE		
DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)					
7 8 00	P:	SYCHIATRIC CLIN	IC: MOOD DISORDER		· · · · · · · · · · · · · · · · · · ·	
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1	pattern):		- "	Mortz	4 JM	10
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	2. Inquiry into current med	ical or psycho	logical concerns of	patient:	runes S	cources
	are availa	all				200-900
	3. Medication Compliance ar	nd Presence of	side Effects: \\ \\ \)	nts to	I med	10
	(Trazodone)	0 80m	a @ hs. r	Markes	him Ja	o Think
	4. Use of Psychological Ser					· v· co
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	5. Current appetite: ()	Retive	good			" " " " " " " " " " " " " " " " " " "
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	6. Sleep pattern: all	-DS Well				
· · · · · · · · · · · · · · · · · · ·	7. Ability to work: WW	es mil	tull deru	ull		
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	8. Current hobbies and sour	ces of enterta	ment: Kulls	whi .	* WWW	7
	9. Status of relationships					
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	10. Near and long term plans and goals: 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
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	11. Inquiry into mood, feet	ings of quilt	self-reproach exce	ssive mult u	nethlessness :	and thoughts
	of death: Deni				,, (1,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	and (110031110
TIENT'S IDENTIFIC chanical Imprint)	ATION (Use this space for	RECORDS MAINTAINED •	निष्टे हुई अस्त	भ सहस्राहर	ימהגק	
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		RELATIONSHIP	TO SPONSOR ()	STATUS		RANK/GRADE
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_600 (Back)	Case 1:03-cv-00355-SJM-SPB Document 48-6 Filed 02/16/2006 Page 8 of 41					
DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)					
	OBJECTIVE:					
	1. Grooming and hygiene: GOOL					
	2. Weight: 244 2#					
	3. Cognitive impairment (ability to focus on issues, realistic goals):					
	ON TOSES					
	4. Affect: 000					
	5. Volition (Interest in the environment, ability to initiate and maintain goal directed behavior):					
	goal directed behavior):					
	ASSESSMENT: Axis I. DOWN OCH AN					
	AAIS 1. (KELLOUSS) UT					
	Axis III: onthis					
 .	2. Presence of symptoms which warrant close follow up (e.g., suicidal ideation, extreme withdrawal,					
	sense of hopelessness, agitation) or Need for special accommodation:					
<u>.</u>						
<u> </u>	3. Medication Compliance, Side Effects, Drug Interactions					
	PLAN:					
	1. Therapeutic Goals: Provide for the safety of the patient, assist patient in management of depression					
	through use of: support groups, increased participation in activities which patient regards as					
	meaningful, development of positive past times, pharmacological therapy and individual counseling:					
	2. Patient Education: Understanding nature of illness and symptoms, participation in meaningful					
	activities, cultivation of positive social relationships, utilization of staff resources for crisis					
	intervention, stress management, medication compliance, medication goals (maintain the patient					
1	symptom free at lowest possible dosage).					
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	3. Return to clinic: 3 MANIAC DOISON, MD					
	3. Return to clinic: 3 Months D. Olson, MD 4. Medications: On the sector of the secto					
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NOX O -	Patient Education Some 50 mg #10 That OD @ hs PL x 8R					
	Dosege / / / Dosege / /					
	Gracia Fairbanks, MLP					

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HEALTH RECORD			CAL RECORD OF MEDICAL		900011	·	
DATE	SYMPTOMS, DI	AGNOSIS, TREATHE	NT, TREATING ORGANIZAT	TION (Sign each	entry)		
2/2/00	PSICHIATRIC CLINIC: MOOD DISORDER						
1300	SUBJECTIVE:	٠.					
	1. Reports From Institution Staff (social isolation, altered level of activity, disruption in sleep						
	pattern):						
						:	
	2. Inquiry into current medic	cal or psycholog	ical concerns of patie	ent:			
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	3. Medication Compliance and	Presence of Sid	e Effects:	·			
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	5. Current appetite:	-		· · · · · · · · · · · · · · · · · · ·			
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	6. Sleep pattern:						
	7. Ability to work:						
	8. Current hobbies and sources of entertainment:						
	9. Status of relationships with significant relations, peers and staff:						
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	10. Near and long term plans and goals:						
	11. Inquiry into mood, feetings of guilt, self-reproach, excessive guilt, worthlessness, and thoughts						
	of death:						
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D00 (8854)	
DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
	OBJECTIVE:
	1. Grooming and hygiene:
	2. Weight:
	3. Cognitive impairment (ability to focus on issues, realistic goals):
	4. Affect:
	5. Volition (Interest in the environment, ability to initiate and maintain goal directed behavior):
	the control of the co
<u> </u>	ASSESSMENT: Avic T.
<u></u>	RAID I.
	1. Diagnosis: Axis II:
	Axis III:
	2. Presence of symptoms which warrant close follow up (e.g., suicidal ideation, extreme withdrawal,
	sense of hopelessness, agitation) or Need for special accommodation:
 '	
	3. Medication Compliance, Side Effects, Drug Interactions:
	PLAN:
. ,	1. Therapeutic Goals: Provide for the safety of the patient, assist patient in management of depression
	through use of: support groups, increased participation in activities which patient regards as
	meaningful, development of positive past times, pharmacological therapy and individual counseling:
	plantacorrect therapy and individual counseling:
	2. Patient Education: Understanding paters of 211
	2. Patient Education: Understanding nature of illness and symptoms, participation in meaningful
	activities, cultivation of positive social relationships, utilization of staff resources for crisis
	intervention, stress management, medication compliance, medication goals (maintain the patient
	symptom free at lowest possible dosage).
<u>.</u>	
	3. Return to clinic:
	4. Medications:
	Drandare 50 THEX 30 days
	Papent Education 100 X 3 0 AM
· 	Species distribution

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DATE	. SYMPTOMS, DIAG	NOSIS, TREATME	NT TREATING	ORGANIZATION (Sign 6	ech entry)
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		SPONSOR'S NAME	(('	ORG	ANIZATION
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DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)						
5/12/00	5. do burning on wind tron + lower						
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5/19/00	S: do SOB, angl & yellow muchus and.						
0945	+ Dain in Chest x 3-4 days.						
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SN 7540-00-634-4178	H:03 ev 00355 SJM-SPB - Document 40-0 - Filed 02/16/2000 - Page 13 of 41 - CHRONOLOGICAL RECORD OF MEDICAL CARE
DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
3/30/00.	S- Wonter P/2 Med taca- Also made Rx & Joint Pain
0925	0 - + hyperhophic A (2) Knee. + crepitance.
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	P- Pt ad Dx & P72 Thank Underly RTCA
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	D. Olson, MD Clinical Director
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	RELATIONSHIP TO SPONSOR STATUS RANK/GRADE
	SPONSOR'S NAME ORGANIZATION
	DEPART./SERVICE SSN/IDENTIFICATION NO. DATE OF BIRTH
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JD-634-4176	CHRONOLOGICAL RECORD OF MEDICAL CAR		ي ا	
HEALTH RECORD	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION		entry)	
DATE			· · · · · · · · · · · · · · · · · · ·	
13/00	PSYCHEATRIC CLINIC: MOCO DISORDER			
1345	SUBJECTIVE:	4 parivity	discontion in	sleen
	1. Reports From Institution Staff (social isolation, altered level or	T activity,		3144
	pattern): None 110 Complaint			· · ·
	2. Inquiry into current medical or psychological concerns of patient			
	doing O.K.			
	3. Medication Compliance and Presence of Side Effects:	<u> </u>		
	4. Use of Psychological Services: Yes			
	5. Current appetite: executor	•		
	PACO VIOLE	•		
	6. Steep pattern: A.a. o. (,		
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	17. with to work with in FIS exercis	- 0		
	7. with to work: work in FIS expenses			
	8. Current hobbies and sources of entertainment: (1)	a. t-		
	8. Current hobbies and sources of entertainment: 11 201	<u> </u>		
	9. Status of relationships with significant relations, peers and s	taff:		
	Good relation	\		
	10. Hear and long term plans and goals: Next Lecide.	<u> </u>		
		- milt MOF	thlessness. &	nd thoughts
	11. Inquiry into mood, feelings of guilt, self-reproach, excessive			
	of death:	1 c 10 a 10		<u></u>
ATIENT'S IDENTII	TICATION (Use this space for RECURDS	10 KRAY	ריים	
echanical Imprir	AT:			SEX
	PATIENT'S NAME (Last First, Middle I	nitial)	<u>`</u>	JEX
1		STATUS		RANK/GRADE
	RELATIONSHIP			
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•	DEPART./SERVICE SSN/IDENTIFICATION	(, ,) / _	1 4 C	F-
	CHRONOLOGICAL RECORD OR MEDICAL CARE		STANDARD FORM Prescribed by FIRMR (41 CFR	

Case 1:03-cv-00355-SJM-SPB Document 48-6 Filed 02/16/2006 Page 15 of 41 500 (Back) SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry) OBJECTIVE: Grooming and hygiene: 2. Weight: 740 Cognitive impairment (ability to focus on issues, realistic goals): 4. Affect: None 5. Volition (Interest in the environment, ability to initiate and maintain goal directed behavior): ASSESSMENT: Axis I: 1. Diagnosis: Axis II: Axis III: 2. Presence of symptoms which warrant close follow up (e.g., suicidal ideation, extreme withdrawal, sense of hopelessness, agitation) or Need for special accommodation: Medication Compliance, Side Effects, Drug Interactions: PLAN: 1. Therapeutic Goals: Provide for the safety of the patient, assist patient in management of depression through use of: support groups, increased participation in activities which patient regards as meaningful, development of positive past times, pharmacological therapy and individual counseling: 2. Patient Education: Understanding nature of iliness and symptoms, participation in meaningful activities, cultivation of positive social relationships, utilization of staff resources for crisis intervention, stress management, medication compliance, medication goals (maintain the patient symptom free at lowest possible dosage). 3. Return to clinic: mes 1 Medications: tal Patient Education

DATE

Special Instruction Over RPh CLC

a alena MD

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
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0745	arthuitic pain. hech Tylul.
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	A: Darthush's
	P: (1) Theul 500 17/6-8/15 #20 Rx
	(2) Most heat forally.
	133 tellong up in 5/c
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·	Patient Education
	Special Instruction C. Dyler, R.P. W
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HEALTH RECO	CHRONOLOGICAL RECORD OF MEDICAL CARE
DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
1-25-00	So do @ ear pain > @ ear fuling;
0820	canguation fullness, I drainage
	O. Clar: intracted TM no eighting
	(A) Jan: WNL
	mild plangageal inj.
	meld mexillar soms tendemens
	A? Simmites
	p. Cipu 500 mg BID #20 1(2)(1)
	, allepain =1 10 + BID Rx1 BOLSON, MD.
	, Pt. Educ: 1 fluids, understands
	2 F/a next week. Muter
	M. Tarr, MLP
	and a man
2/3/00	S: Pt Mound "days" is suring this (pain)
0755	O: alex 4/10 T.982 Juni congettion
	RCR, hydre P- 30) Sing fundences stuffy wase.
·	A: Sminetho by learne disamport dantelisamfort.
	P. (1) Corticos ponin ofic deop #1 Tidrop
	affected lan (Rt) tid
	(3) Alle frin #10 + B/D
	(3) Tulinel 325 mg IT /8/ms #20
	(9) I fluid. , sargles.
	Perient Education (5) Py undertailing (
PATIENT'S IDENTIFIC Imprint)	C. dyler, R.Ph. C. Tribespace for Mechanical RECORDS MAINTAINED AT:
	PATIENT'S NAME (Last, First, Middle initial) Siggwr, Kevin
	RELATIONSHIP TO SPONSOR STATUS RANK/GRADE
	SPONSOR'S NAME ORGANIZATION
	DEPART./SERVICE SSN/IDENTIFICATION NO. DATE OF BIRTH 5 (27 - 5 / 627 - 066 8-22-70
	CHRONOLOGICAL RECORD OF MEDICAL CARE STANDARD FORM 600 (Rev. 5-84)

٠,

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
1-13-00	S; do pain on both ears some throat
0750	× a month : States drapped Cipro nach i la
	0> T=98.7 thum - 12/27.
	HEENT: WIR Ears: parly TM's, no engtherna
	phaynx- WNC nin. hims
·	tenderness
	c/c: clear to auscultation, no whieses
	A: Dinus Congestion
	P, actifed #10 7 BID
	, Ighenel soon #20 + 04-64 rm pain Rx
	, antibiaties not indicated out present
	, A- Educ: I fluids, understands
	, Flu por
	Patient Education M. Tarr, MLP
	L. Special Instruction C. Oyler, R.Ph
1/24/00	Deargustion in The chart, Coughing
0755	Jelland muceus & earach.
	(a) Temp. 97.4 Pulse 70 Resp. 12
·	HEENT Conjusted more & Throat
-	Ears normal Chest Clear Heart RRK
	and Soft no organ mogre
	A FLU
	P. Pt. educe that this is The & To conting
:	on cin stylend sthis will take
'	Some to clear
	FIU - 510 PRN Millamont
	W Hamandi Au D
	W. Hamandi, MLP

NSN 7540-00-634 GASE	1:03-cv-00355-SJM-SPI	B Document 48-6 Filed 02/16/2006 Page 19 of 41 600-108
HEALTH RECOR	RD	CHRONOLOGICAL RECORD OF MEDICAL CARE
DATE	SYMPTOMS, DIA	AGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
1/6/00	S: Pth	elde hed X huminids.
0820	O: ale	I Who small bleding swell:
	A: Heni	B/P 120)78
	P: (1)	H.C. Generalal suppositioning #160x
		use BiD. RXI
	(9)	Dibricaire out #1 use beforeand
		after lack bowel begreenent PX1
	$(\widehat{3})$	Doewsate 10 my #10 + day. PXI
		Adding weed the Lait like
		Just regulater / fruits inforce
	(3)	Hunderaling OK.
	Patient Education	1100 AZCE
	Dosage Special Instruction	Comez MI P
	e. byler, R.Ph	D. Olson, MD Clinical Director
		Cililical
PATIENT'S IDENTIFICA Imprint)	ATION (Use this space for Mechanic	MAINTAINED 1
		PATIENTS NAME (Last, First, Middle initial)
		RELATIONSHIP TO SPONSOR STATUS RANK/GRADE
		SPONSOR'S NAME ORGANIZATION
		DEPART, SERVICE SSN/IDENTIFICATION NO. DATE OF BIRTH
		CHRONOLOGICAL RECORD OF MEDICAL CARE STANDARD FORM 600 (REV. 5-84)

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
12/20/99	(8) Wants his medication to be changed from
-0800-	8 30 % 5 30 lecause he councit wahoup
	early in the morning to go to work &
	wants to Sleen early & wake up earl
	@ deferred 12/20/99
. 	Deferred 12120 99 Alexanian (Translated Director
	(P) Can have his medication at 530 PM witead
	J HS
	Pt. education about The Psych. medication
	understand F/v'- SIC
	Patient Education Dusage Special Instruction
	C. Oyler, R.Ph Chi
12/11/90	
0745	S- Cold" X J Ms sore throat occas cough
01 (3	Olman, Emohn, lødyader, millmun
	HEEDT - Drosal disch, mild max stras tenden
	T M3 - yer WD Z
	Luma illa
	A- OVeral Synd & Similes
	P- (1) Cino 500m Q12h #20
	@ P.W. + 115
	3 Then 500m it Q8h Pm H 25
	4 Comal 12/27 3 12/30/99
	6 lx Ed rest, fluids mid use understands
	Patient Education (1) Day (1) 7 June 2
42	D. OLSON, M.D.
٠,	C. Dyler, R.Ph. (/)-U

NSN 7540-00-834-4178	:03 qv 00355 SJ M SPB — Document 48 6 — Filed 02 /16/2006 — Page 21 of 4	600-10
HEALTH RECO		
DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry	<u>//</u>
12/13/9	Stated remurands were acting u	D
<u> </u>	O: Olekined	1
	a Demanhaids	
A-14-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	P: dydrocartisone reall supp 25 mg	# 6
	insert & Supp bid x 1 R!	
	Kocusate Sodium 100 ma# 10 + Pc	ab a
	XIR. Dunk Plenty of Hoo	
	It educ - RIC pro! Ot- understand	LG.
	Patient Education Verava Cautantante	Pa
	Lispecial Instruction Civacio Fairbonks	Pa
12/16/99	S, c/o @ can pain' à cough as da	vy.
0745	w/ yellowsh wheren works the	0
	Dr. Clean: us with, no new on	mor4
	of frague TM skay	
	C/c: clian to auxcultation	
	A, URI	
	P. Eythromycen 250 mg #40 7 Q11)	x 10 d.
	, duargenesia LA # 10 7 BID	·
	, Iglewal soong # 12 + QK-6+1 pm &	ara
	+ Pt. Educ: Faral fluids, under	s Fands
1	, Flupon Idle x 2d.	
	Patient Education	n
	Special Instruction C. Oyler, R.Ph	
TIENT'S IDENTIFIC print)	TION (Use this space for Mechanical RECORDS MAINTAINED AT:	
		EX
	RELATIONSHIP TO SPONSOR STATUS	ANK/GRADE
	SPONSOR'S NAME ORGANIZATI	ON
	DEPART./SERVICE SSNADENTIFICATION NO.	ATE OF BIRTH
·	CHRONOLOGICAL RECORD OF MEDICAL CARE STANDARD FORM	600 (REV. 5-84)

, Ca	ase 1:03-cv-00355- <mark>SJM-SP</mark> I	B Document 48	8-6 Filed 02/10	6/2006 Pa	ge 22 of 41	600-108	
JO-634-4176					e isolet biet	000-105	
HEALTH RECORD	and his manager in		RECORD OF MEDICAL CA				
DATE		GNOSIS, TREATMENT, 1		DN (Sign each	entry)		
2/1/99	PSYC	HIATRIC CLINIC: MOO) DISORDER	·	· .		
12 20	SUBJECTIVE:	•					
5.60	1. Reports From Institution S	taff (social isolat	ion, altered level	of activity, d	isruption in	steep	
	pattern): Naue						
	2. Inquiry into current medic	al or psychological	concerns of patier	nt:			
	Nothing	doing	9.K	<u> </u>			
	3. Medication Compliance and	Presence of Side Ei	fects:				
	Jose	<u>d</u>					
	4. Use of Psychological Serv	ices: YCS			· · · · · · · · · · · · · · · · · · ·		
	5. Current appetite:	od -eleel	ent Sto	red Suc	· 6		
	•						
	6. Sleep pattern: Sleep medie work O.K no bad dream						
	pea Cofin C						
	7. Ability to work: 3 od in unlar 8. Current hobbies and sources of entertainment: walking work out						
	1 - 2	od un	mean	4110	al aut		
	8. Current hobbies and source	tes of entertainment	walk	-1 wo	in our		
	9. Status of relationships with significant relations, peers and staff: good relation with his peers						
			uan h	my pre	<u> </u>		
	10. Near and long term plan	s and goats.					
	11. Inquiry into mood, fee	ing of milt self	-reproach, excessi	ve guilt, worth	niessness, ar	d thoughts	
<u></u>		rioul					
	of death:	RECORDS		IPKEB			
TIENT'S IDENTIF chanical Imprir	FICATION (Use this space for nt)	MAINTAINED AT:	Ferm	MEKEA	بو		
			ast, First, Middle	Initial)		SEX	
1		SIGGE	EK! NEU	/		RANK/GRADE	
·		RELATIONSHIP TO S	PONSOR	STATUS			
	·	SPONSOR'S NAME			ORGANIZATIO	ON	
	••			NO.	1	DATE OF BIR	
		DEPART./SERVICE	SSN/IDENTIFICATION 5/627	~060			
		CHRONOLOGICAL RE	CORD OR MEDICAL CAR	6 .	ANDARD FORM escribed by RMR (41 CFR)	COA BIN	

600 (Back)	Case 1:03-cv-00355-SJM-SPB Document 48-6 Filed 02/16/2006 Page 23 of 41
DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
	OBJECTIVE:
	1. Grooming and hygiene: 400d
	2. Weight: 230
	3. Cognitive impairment (ability to focus on issues, realistic goals):
	3. Cognitive impartment (abitity to focus on issues, realistic goals):
	4. Affect: non
	5. Volition (Interest in the environment, ability to initiate and maintain goal directed behavior):
	so the fact and maintain goat directed behavior):
	ASSESSMENT: Avia T. O
	1. Diagnosis: Axis II:
	Axis III: 2. Presence of symptoms which warrant close follow up (e.g. suicidal identity and interest and int
	torst, suicidal idealion, extreme withdrawat,
	sense of hopelessness, agitation) or Need for special accommodation:
	noul
	3. Medication Compliance, Side Effects, Drug Interactions:
	good no Side effect.
	PLAN:
	1. Therapeutic Goals: Provide for the safety of the patient, assist patient in management of depression
	through use of: support groups, increased participation in activities which patient regards as
	meaningful, development of positive past times, pharmacological therapy and individual counseling:
	The state of the s
· · · · · · · · · · · · · · · · · · ·	2. Patient Education: Understanding nature of illness and symptoms, participation in meaningful
<u> </u>	activities, cultivation of positive social relationships, utilization of staff resources for crisis
	intervention, stress management, medication compliance, medication goals (maintain the patient symptom free at lowest possible dosage).
	symptom free at lowest possible dosage). Understo
· · · · · · · · · · · · · · · · · · ·	
· ·	3. Return to clinic: 3 me.
	4. Medications: TRAZ don't 50 mg TT tal. HS & D # 60 RX2
·	Cocied Instruction Cal Harran
	C. J.C., A. W. Hamandi, MLP
	T. Harrandi, Will

1 7540-00-634-4176 Ca				CHBO	NOLOGI	CAL REC	CORD O	F MED	ICAL CA	RE	
DATE SYMPTOMS, D											y)
DATE									_		-
11-26-99	5,2									É m	
075		<u>c</u> s	ngit	tun	<u> </u>	Hat	U f	ayh	ir 1	a in	sulu_
		de	alu	ic .	- ale	o ar	w,	gr	andfr	Then	uveli
	0							υ		llan	/fronta
			ent		out	in l	an	car	al-(R)	
	1.		nus	r F	j	-1		rti	10 6		
	1	e	.71		ycu	24 - I	50 0	ng#	28	7 G	21D x7d
		<u> </u>	21		#/0	7	B11)			
		<u> </u>	المما	nin		MI	· · · · ·	1	und	dirk	ands
	,		<u>. Est</u>	W	·/_	gr					
	,	/	h A	<u>, </u>		-/ N	F	BC	21	led	
	Patient E		erb-	Me	gues	11 - P	<u>V 1 3</u>		15	Ma -1	<u> </u>
	Dos	age e ial Instructio	ri — -					· · · · · · · · · · · · · · · · · · ·		Tarr, MLP	un_
	C. Oyler,	R.PH (hV									
						\			· · · · · · · · · · · · · · · · · · ·		
			<u> </u>	·- <u></u> , <u>-</u>		$\overline{}$					
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PATIENT'S IDENTIF	ICATION (Use this spa	ce for Meci	anical	RECORDS			in i	11. 1		
(mprint)				150	MAINTAINEI AT: PATIENT'S N		First, Mid	dle initial,	Mc Ke		SEX
				-		Si	992r		Kevin ISTATUS		RANK/GRADE
				F	RELATIONS	HIP TO SPC	NSOR		SIAIUS		
				S	PONSOR'S	NAME				ORGANI	•
					DEPART./SE	RVICE SSI					DATE OF BIRTH
				L	HRONOLOG			627	- 06B		ORM 600 (Rev. 5-84) and ICMR

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
	HEENT normal chest Clear Heart RRR
	alid. Soft no organo negaly shin is normal
	F/S eval nothing was found
<u> </u>	Pt. Cleared Joe F/s at the present line
	1/
···	a) faund
	W. Hamandi, MLP
11/19/99	S: do a place-up of hemorrhoids x last
0080	4 days: clo small ant as bleeding
	noted on filet 4:55 me p manes boills.
	0: Pt. refused regal eyam
	a: Venochaids
	P: Docusate Sodium 100mg # 20 Tpo QD
	C plenky af water x'or
<u> </u>	Oydrocottisone rechal Supp. 25 mg # 12
	insert i Supp. per rectum bidly i R
	Pt. ed. O Rink alt of too
	(2) Stop litting beight @ present hime
	(3) RTC prn
	Patient Education Dosage 11 19 94 Suada Taubrille Pa
	C. Oyler, R.Ph. Director C. Oyler, R.Ph. Director C. Oyler, R.Ph. Director
	Chinal Differin

NSN 7540-00-634-4176	
HEALTH REC	1:03-cv-00355-SJM-SPB Document 48-6 Filed 02/16/2006 Page 26 of 41 CHRONOLOGICAL RECORD OF MEDICAL CARE
DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
10/4/99	50ft in 944, Go bearing wination & feed.
0715	0, abo: soft, no tenderares, mo organizally
	A, Rlo uTI
	Pr Us poquested
	Theat according to wents.
	, Hadvised to I plends.
* ************************************	Myden
	M. Tarr, MLP
10/20/99	S, c/o 1 & 2 depution / in summa; has
0625	spolur & Pzychologist
	0, appears dansed offenise often Pt-4
	A. Dear Address
	Pr May 1 Trazodone to loone QHS (2 caps 4)
	1 Thay 1 Trazodone to loving QHS (2 caps of 50 mg) It advised availability & Psych soci
	- the form
	Papent Education 10 20 99
	D. Olson, MD M. Tarr, MLP Clinical Director
11/17/99	
	In. for F/s enal. refair to H&P on 10/28/98 & PPD
0740	No hx. of durrhoed, Cough, Jener, Nash or
	· · · · · · · · · · · · · · · · · · ·
	Lix EVDA
ATIENT'S IDENTIFI	CATION (Use this space for Mechanical RECORDS MAINTAINED FC! McKean
	MAINTAINED AT: PATIENT'S NAME (Last, First, Middle initial) SEX
	Siggers, Kevin RELATIONSHIPTO SPONSOR ISTATUS RANK/GRADE
	SPONSOR'S NAME ORGANIZATION
	DEPART./SERVICE SSN/IDENTIFICATION NO. DATE OF BIRTH

` JD-634-41	76 g (mm) 45.0	and the second s	600-108				
HEALTH RECOR	D	CHRONOLOGICAL RECORD OF MEDICAL CARE					
DATE	SYMPTOMS, DI	AGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each en	try)				
12/99	PSY	CHIATRIC CLINIC: MOOD DISORDER	<u> </u>				
7 55	SUBJECTIVE:						
<u>, </u>	1. Reports From Institution	Staff (social isolation, altered level of activity, dis	ruption in sleep				
	pattern):	- A P					
	7007						
	2. Inquiry into current medi	cal or psychological concerns of patient:					
	nothing	Leept the wrinary trouble					
	3. Medication Compliance and	Presence of Side Effects:					
	good						
	4. Use of Psychological Serv	rices: 465					
· · · · · · · · · · · · · · · · · · ·							
	5. Current appetite: g	ood					
	6. Sleep pattern: Slee	ep very well at night.					
		· · · · · · · · · · · · · · · · · · ·	<u> </u>				
	7. Ability to work:	ila					
	8. Current hobbies and sour	ces of entertainment: usalbung					
	9. Status of relationships with significant relations, peers and staff: Talk a QoT with peers						
	10. Near and long term plan	s and goals:	<u> </u>				
			and the sheet				
	11. Inquiry into mood, feel	ings of guilt, self-repreach, excessive guilt, worthles	sness, and thoughts				
	of death:	none					
IENT'S IDENTI hanical Impri	FICATION (Use this space for nt)	RECORDS MAINTAINED AT:					
		PATIENT'S NAME (Last, First, Middle Initial)	SEX				
1		Jegges, Cen	RANK/GRADE				
		RELATIONSHIP TO SPONSOR STATUS					
		SPONSOR'S NAME CR	GANIZATION				
	•	SPORSON S INC.					
	· ·	DEPART./SERVICE SSN/IDENTIFICATION NO0 ()	DATE OF BIRT				

STANDARD FORM 600 (Rev. 3-04) Prescribed by GSA and ICMR FIRMR (41 CFR) 201-45.505

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)			
	OBJECTIVE:			
	1. Grooming and hygiene:			
	2. Weight: 218			
	3. Cognitive impairment (ability to focus on issues, realistic goals):			
	A39.0			
	4. Affect:			
	5. Volition (Interest in the environment, ability to initiate and maintain goal directed behavior):			
· · · · · · · · · · · · · · · · · · ·	ASSESSMENT: Axis I: Despenie ?			
	1. Diagnosis: Axis II:			
	Axis III: wrincery proble			
	2. Presence of symptoms which warrant close follow up (e.g., suicidal ideation, extreme withdrawal,			
	sense of hopelessness, agitation) or Need for special accommodation:			
	neine			
				
·	3. Medication Compliance, Side Effects, Drug Interactions:			
				
•				
	PLAN:			
	1. Therapeutic Goals: Provide for the safety of the patient, assist patient in management of depress			
	through use of: support groups, increased participation in activities which patient regards as			
	meaningful, development of positive past times, pharmacological therapy and individual counseling			
	2. Patient Education: Understanding nature of illness and symptoms, participation in meaningful			
	activities, cultivation of positive social relationships, utilization of staff resources for cris			
-	intervention, stress management, medication compliance, medication goals (maintain the patient			
1	symptom free at lowest possible dosage).			
	V 10 D 1 1			
	3. Return to clinic: 3 m. 7			
	4. Medications:			
	1 raydow 25 mg HS for 90 days			
	+ Dosage 9/) 199			

7540-00-634-4176 Cas	e 1:03-cv-00355-SJM-SPB Document 48-6 Filed 02/16/2006 Page 29 of 41
HEALTH RECOR	CHRONOLOGICAL RECORD OF MEDICAL CARE
, DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
199	S- hermhands arter up today, desconfort ?
930	DH, & fleeding
	0 - Pertal - unde refuser reital fran
	A- (3) Denombado
	p-O Colare 100my QD #10
	@ Hamhard supp + JID Pm #12 RXI
	Dift td - red use, dut (filer), fluids
	5 strainly, understands
	mr-c it slitth
	Patient Education (5) I dle x 7 day D. OLSON, M.D.
	Special Instruction C. Oyler, R.Phi
8/3/99	(3) 1. wants a reful for his hace. wedie.
0807	2 wants Soft shoes as had had Sury on
	R. hip & R. link is Shorter
	P. deferred Jor his haem. medie.
	2. The R. Log. limb has Sear from fremon
	surgery nothing was found in relation
	to mov.
	(A), haenershoid 2 hx of Premism surpos
	liy.
	(P) harmersh Sup. 15 sup. H5 #1 RXI
	metamica i teaspoon fel AS #1
ATIENT'S IDENTIFIC nprint)	CATION (Use this space for Mechanical MECORDS MAINTAINED AT:
	PANK/GRADE
	RELATIONSHIP TO SPONSON
	SPONSOR'S NAME ORGANIZATION
	DEPART./SERVICE SSN/IDENTIFICATION NO.
	CHRONOLOGICAL RECORD OF MEDICAL CARE STANDARD FORM 600 (Rev. 5-84

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
8-3-99	3. Dr. clou was touculted to Soft Shoes
Cont.	Stated that The unate will be Solved
	lang well wooder Tol
	4. Pt edue about taking regitable s
	regulating him BM understand
	Patient Education
·	Dosage Special Instruction
	C. Oyler, R.Ph.
	W. Hamandi, MLP
9/3/99	(5) Burning richarity & occurring The wine
2745	Burning wietwriting & occurringly The wine has belood which is not from blood
	D Temp 97.6 Resp. 12 Pulse 70
	There is no tendermen in the lain no regidity
	A) Rus in a contraction
	(A) Burning mieturitis
	<u> </u>
	7. Pl will be reagrafuette & after his U.A.
	3. Pt. odne todrinde de lat gwater understand
	F/v = 51e
	nl Kammy
	W. Hamandi, MLP

NSN 7540-00-634-4176	- 	
HEALTH RECOR	1.03-cv-00355-SJM-SPB Document 48-6 Filed 02/16/2006 Page 31 of 41 RD CHRONOLOGICAL RECORD OF MEDICAL CARE	i Series Series
DATE	VS (100 SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)	
6/4/99	S: Dought, No reports, / Sports. "home sick	
(230	O: Stress out on for F good appetite good weds	
	Compliance pleaning & good ability to	Y
	PSYCHIATHIC WOK. Good mood No suicidal or thought of	
	death. Good gworning/hygine. W 225	
	A: De invession	
	P: 1) Tazadone. 75 my H. S X 3 months.	
	P: (1) Tazadore. 75 mg H. S X 3 months. (2) Pt undertailing. OK 3 month appointed	4
	Patient Education Dosage Special Instruction	
	C Childre D.Dh. / Lun /	
	Jones, M.D.	
	D. Olson, MD Clinical Director	
		·
·		
	!	
ATIENT'S IDENTIFIC mprint)	ATION (Use this space for Mechanical RECORDS MAINTAINED AT:	
	PATIENT'S NAME (tast, First, Middle Initial) SEX	
	RELATIONSHIP TO SPONSOR STATUS RANK/GRADE	
	SPONSOR'S NAME ORGANIZATION	:
	DEPART./SERVICE SSN/IDENTIFICATION NO. DATE OF BIRTH	
	CONTRACTOR OF THE CONTRACTOR O	

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0-00-634-4176		- 3 600-108
EALTH RECORD	CHRONOLOGICAL RECORD OF MEDICAL CARE	
DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)	
15 99	PSYCHIATRIC CLINIC: MOOD DISORDER	
245	SUBJECTIVE:	
	1. Reports From Institution Staff (social isolation, altered level of activity, disruption	in steep
	pattern): MA	
	2. Inquiry into current medical or psychological concerns of patient:	
	ocras stussed out	
	3. Medication Compliance and Presence of Side Effects:	
	dead wet	
	4. Use of Psychological Services:	
	5. Current appetite: Wood	
	6. Sleep pattern: out sleppy mill	
·	7. Ability to work: ()	
	8. Current hobbies and sources of entertainment:	
	9. Status of relationships with significant relations, peers and staff: Junior (nix	ash
	9. Status of relationships with significant relations, peers and staff:	
	10. Near and long term plans and goals:	
	10. Wear and long term plans and goals.	
<u>:</u>	11. Inquiry into mood, feelings of guilt, self-reproach, excessive guilt, worthlessness,	and thoughts
<u></u>	of death:	
NTIS IDENTIF	CATION (Use this space for RECORDS	
nical Imprint	MAINTAINED • FOR MAKEAM WEATH CODVICES AT:	
÷	PATIENT'S NAME (Last, First, Middle Initial)	SEX
1	James, Kens	RANK/GRADE
	RELATIONSHIP TO SPONSOR STATUS	RANK/ GRADE
	SPONSOR'S NAME ORGANIZAT	HOI
		DATE OF BIR
	DEPART./SERVICE SSN/IDENTIFICATION NO.	
		M 600 (Rev. 5-

Prescribed by GSA and ICMR FIRMR (41 CFR) 201-45.505

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
	OBJECTIVE:
	1. Grooming and hygiene:
	2. Weight:
	3. Cognitive impairment (ability to focus on issues, realistic goals):
	4. Affect: \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
	5. Volition (Interest in the environment, ability to initiate and maintain goal directed behavior):
	four
	ASSESSMENT: Axis I: Depurson
	:. Diagnosis: Axis II:
	Axis III:
	2. Presence of symptoms which warrant close follow up (e.g., suicidal ideation, extreme withdrawal,
	sense of hopelessness, agitation) or Need for special accommodation:
	3. Medication Compliance, Side Effects, Drug Interactions:
	, chay well
 	PLAN:
	1. Therapeutic Goals: Provide for the safety of the patient, assist patient in management of depression
	through use of: support groups, increased participation in activities which patient regards as
	meaningful, development of positive past times, pharmacological therapy and individual counseling:
	2. Patient Education: Understanding nature of filness and symptoms, participation in meaningful
	activities, cultivation of positive social relationships, utilization of staff resources for crisis
ì	intervention, stress management, medication compliance, medication goals (maintain the patient
	symptom free at lowest possible dosage).
	3. Return to clinic:) ~~~
	4. Medications: (1) 1 Transland to 73 my NS x 90 du
	Patient Educ - 1 Dosago
	Special leader
	Understood P. OLSON, M.D.

1 7540-00-334-417		CUDAVO ACTO	L RECORD OF MEDIC	AL CARE	·	
DATE	SYMPTOMS D	IAGNOSIS, TREATMENT			ch entry)	
1) 1 9	Startons, D			D.(.10.1 (0.3.1 0.1		
1 2 1 1	Subjective Sindings	HYPERTENSION C	LINIC		· · · · · · · · · · · · · · · · · · ·	
1300	Subjective Findings:	· · ·		······································	.,	
	a. Medical complaints or con	ncerns of patient:	. ,		·	
	10 ieu		int			
	b. Health Promotion/Disease		ent:			
	1. Cessation of smoking		1-11	9		
	2. Diet: March	engrave) 4 ffc 7	1		
	3. Activity: Cern	ent for	v song	wenther		<u></u>
	4. Medications:					
	(1) Drug side e	effects: JA				
	(2) Drug intera	actions: (0)				
	5. Patient Compliance	with Therapeutic Re	egimen: 1/4	-		
	c. Impact of Condition on A	ctivities of Daily	Living: ルンル	e :		
	d. Need for special accommo	dations: 🖊 🌣				
	Objective Findings:		120/	بع		
	a. Temp: 97.3 Pulse: 70	, Resp: /2	BP: /70	Weight: 2	3 2	29
	b. Fundoscopic Examination:		eliletel.	: len		,
•	Thick, Dull Vesseis	V d	Localized or	Generalized		
	(Copper Wire)		Narrowing of	Arterioles		
	Present Absent		Present	Absent		
		<u> : </u>				
	A-V Nicking		Flame Shaped	Hemorrhages		
	Present Absent		Present .	Absent		,
	Cotton-wool patches		Optic Disk S	ælling		
<u> </u>	Present Absent		Present	Absent		
ATIENT'S IDENTIFI echanical Imprint	CATION (Use this space for	RECCRDS MAINTAINED - AT:	FCI McK	EAN HEALTH SE	RVICES	
		PATIENT'S NAME (L	ast, First, Middl	e Initial) ,	:	SEX
•		RELATIONSHIP TO S	PONSOR	STATUS	1	RANK/GRADE
•		SFONSOR'S NAME			ORGANIZATIO	N
	·	DEPART./SERVICE	SSN/IDENTIFICATIO	W 27 - 0 1	60	DATE OF BIRT
		CHRONOLOGICAL RES	CORD OR MEDICAL CA	RE SI	ANDARD FORM 6 escribed by G RMR (41 CFR)	SA and ICMR

_600 (Face)

Case 1:03-cv-00355-SJM-SPB Document 48-6 Filed 02/16/2006 Page 35 of 41 F_600 (Back) SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry) DATE c. Cardiac Examination: Loud Aprile Second Sound Left Ventricular Heave Present Absent Present Absent **Ejection Click** Presystolic Gallop Absent Present Present Absent d. Lungs: Wheezes Rales Ronchi Thyroid Gland: Diagnostic Studies Result Date of Exam CEC LINE Abnormal UA WILL Abnormat SMA 20 WNL Abnormal Lipids WNL Abnormat. EXC WNL Abnormal CXR UNL Abnormal Optometry Consult WNL Abnormal Assessment: a: Diagnosis: ; Disease Progression or Complications: Therapeutic Efficacy: Plan: Medications: Next Diagnostic Studies Due: Return to Clinic: Patient Education: (Check Topics Discussed) () Complications of Hypertension LULSON M.D. () Diet () Exercise () Avoidance of Tobacco () Therapeutic Compliance () Drug Interactions () Target Blood pressure: Below 140/90 () Target Weight for next Clinic:

() Target Activity Level for Next Clinic:

NSN 7540-00-634-4176	- 00	600-108
HEALTH RECOI	CHRONOLOGICAL RECORD OF MEDICAL CARE	
DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)	
2/19/29,	S- Pri @ Thigh zo short ky. 90 Pin radiating & @F	to 1
02 00	40 Par 20 65w. (R) Hip. Also	
	O. Well heated Sing is see am @ thip. @ Atrapiting an	
	A. Short lay Syndrone.	
	6- 55T # Z4 Ti Q (Drum X2.	
	Thed Blog Under hand Karry Rich	<u></u>
	Patient Educ -	
	Dosage Special Instructions W. Flatt, MLP	
	Understood ONS	
100 100 100 100 100 100 100 100 100 100	C. Gelsick, R.Ph	
3/2/99.	S-URI Cro Comp : Clast Pri Age 28- ocens = Dec	p Fire C
0650	yellow/ area means. Headache.	,
	O-Temp. 97' Phyrix tenthers, & Drawinge. Mill. (1)	
	Entra disolar Alengathy	
··	A-URI Costochander des	
	P- Med. Dx: whiling Understands Rrom.	
	Actile & HIOT BID XO.	
	Mohn your #ziitiDifeed mx o	
	Patient Educ- L Dosage Um COCA	
	Special Instructions Understood W. Plant, Mr. P.	
	C. Gelsick, R.Ph	
		
ATIENT'S IDENTIFIC mprint)	ATION (Use this space for Mechanical RECORDS - MCKean	
	PATIENT'S NAME (Last, First, Middle Initial) SEX	
	RELATIONSHIP TO SPONSOR STATUS RANK	GRADE
	SPONSOR'S NAME ORGANIZATION	···
		OF BIRTH
	51627-000	

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
11/5/99	S. states was better when on Cyro but 5
0840	
	dafter had blood in jerine beining wind
	ton again, peful Mature; Has
	artificial hip + states @ leg is shorter
	and causes pain on faut.
	0; ± @ CVA tendernes; @ ship - milel
	depiet, sindy, fout pour on plante
	100000
	the state of the s
	, Las- UA neguisted
	Heel cups grun /p.
	? It Educ: Heat to and Toral pluids,
 	- understands
	7 F/a pr
	Patient Educ - / / / / / / / / / / / / / / / / / /
	Dosage Special Instructions M. TARR, MLP
<u> </u>	— Understood
,	C. Gelsick, R.Ph
1/13/99,	s- 40 Fever/Chius Some Cangestin ansel, 5 Days
0700	Vonadad x z Alexo do Hanamhidal par à blackay
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	Lungs Suriboned Rhouchi. Abd. Soft Mentendam courses
	A-URI,
	1. E-main 2500 # 42 TT TIDX 0
	EST #24 Ti Q: Dpm xo. Do: SON, MC CLINICAL DIRECTOR
	Buentoide (Supp 1 Box issent 7 BID x 0.
	Documente NA + 70 Ti HS pm. (WIFFATT MLP.
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	Hed Dx + DIc Susking Under Lands Wife (Cope

HEALTH RECO	CHRONOLOGICAL RECORD OF MEDICAL CARE
DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
12/14/98	(The R leg is Shorter because the does not have
06 45	hip land & he when he walk he las
	sharp pain in Sale J. The R. foot
	want a wear Tenning Shoes
	@ There is no almormality in the foot ROM
	is normal Scar in the lat Side of R. Theigh
	No déformity, joint manble solin
	Stall
	A hx 7 hip Graelus arthritis
	Dix-ray of his point
	2. will Consider of the Consult after
	his X-vag.
	3. Pt. educ about althe understand
,	4. F/v in 5/e
	as Kamad
·	W. Hamandi, MLP
	11, 114, 114, 114, 114, 114, 114, 114,
12-29-98	Adm. NoTes.
1350	Reviewed pts chart for studio regarding his
	microcopie landina fravion KUB & IUP
	done 4/98 were within would link No stone
<u> </u>	or lesing found. Will consider unloge consult of problem
	persit.
PATIENT'S IDENTIFIC Imprint)	MAINTAINED MECHANICAL MECHANICAL MEANTH SERVICES
	SIGGERS SEX
	RELATIONSHIP TO SPONSOR STATUS RANK/GRADE
	SPONSOR'S NAME ORGANIZATION
	DEPART,/SERVICE SSN/IDENTIFICATION NO. DATE OF BIRTH
	CURANA COLOR DECORRE CENTRAL CARE CENTRAL CONTRAL CONT

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o-00-634-417	6	\
EALTH RECORD	CHRONOLOGICAL RECORD OF MEDICAL CARE	
DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)	Ÿ.
19198	PSYCHIATRIC CLINIC: MOCO DISORDER	<u> </u>
	SUBJECTIVE:	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
1400	1. Reports From Institution Staff (social isolation, altered level of activity, disruption in sleep	
	pattern): At reports of disruption	:
	2. Inquiry into current medical or psychological concerns of patient:	
	Tired from med blankle to do much experien	
	3. Medication Compliance and Presence of Side Effects:	
	good. Feeling tired- tile- affect	
	4. Use of Psychological Services:	
	5. Current appetite: Sand	
	6. Sleep pattern: 07 (C	
	·	
	7. Ability to work:	
	8. Current hobbies and sources of entertainment:	
	9. Status of relationships with significant relations, peers and staff:	
	GK	·
	10. Near and long term plans and goals:	
	myrue energy do mue lister	
	11. Inquiry into mood, feelings of guilt, self-reproach, excessive guilt, worthlessness, and thought	:s
	of death: NE ST/HI.	
ENT'S IDENTIF	RECORDS HAINTAINED - FC! MCKEAN PEALTH SERVICES AT:	
	PATIENT'S NAME (Last, First, Middle Initial) SEX	
1 .	STATUS RANK/GRAD	
	RELATIONSHIP TO SPONSOR STATUS	
	SPONSOR'S NAME CRGANIZATION	
		BIRTH
	DEPART -/ SERVICE SSR/ IDEA ST. G. L. J O CO	
	CHRONOLOGICAL RECORD OR MEDICAL CARE STANDARD FORM 600 (Rev. Prescribed by GSA and I FIRMR (41 CFR) 201-45.5	

(Face)

DESCRIPTIVE: 1. Grossing and hygiene: 2. beight: 3. Cognitive impairment (ability to focus on issues, realistic goals): 4. Affect: 6. C.	DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign_each entry)
2. Weight: 3. Cognitive impairment (ability to focus on issues, realistic goals): 4. Affect: 4. Affect: 5. Volition (interest in the environment, ability to initiate and maintain goal directed behavior): 6. ASSESSMENT: AX.IS III: 2. Presence of symptoms which warrant close follow up (c.p., suicidal ideation, extress withdrawal, sense of hopelessness, apitation) or Need for special encommodation: ACQ 3. Medication Compliance, Side Effects, Drug Interactions: FLAR: 1. Therapeutic Goals: Provide for the safety of the patient, assist patient in management of depress through use of: support groups, increased participation in activities shich patient regards as meaningful, development of positive post times, pharmacological therapy and individual counseling CAUL A Acquidity. 2. Patient Education: Understanding nature of Illness and symptoms, participation in maningful activities, cultivation of positive social relationships, utilization of staff resources for criss intervention, stress sumagement, sedication compliance, medication goals (maintain the patient symptom free at Lowest possible dossga). 3. Return to clinic: 3 Mu. 4. Medications: AMAGEMER STAR, STAR, STAR, STAR, STAR, Management of Management	<u> </u>	OBJECTIVE:
3. Cognitive impairment (ability to focus on issues, realistic goals): (4. Affect: Comme! (5. Volition (Interest in the environment, ability to initiate and maintain goal directed behavior): (6. C.		1. Grooming and hygiene:
3. Cognitive impairment (ability to focus on issues, realistic goals): (4. Affect: Comme! (5. Volition (Interest in the environment, ability to initiate and maintain goal directed behavior): (6. C.		Street Street
3. Cognitive impairment (ability to focus on issues, realistic goals): 4. Affect: 6. Affect: 6. Affect: 7. Affect: 8. Volition (Interest in the environment, ability to initiate and maintain goal directed behavior): 8. ASSESSMENT: 8. Axis III: 9. Presence of symptoms which warrant close follow up (c.g., suicidal idention, extreme withdrawal, sense of hopelessness, apitation) or Need for special eccommodation: 8. Medication Compliance, Side Effects, Drug Interactions: 9. Axis III: 1. Therapsutic Goals: Provide for the asfety of the patient, assist patient in management of depress through use of: support groups, increased participation in activities which patient regards as meaningful, development of positive past times, pharmacological therapy and individual counseling 8. Patient Education: Understanding nature of illness and symptoms, participation in meaningful activities, cultivation of positive social relationships, utilization of staff resources for oris intervention, stress management, medication compliance, medication posis (maintain the patient symptom free at lowest possible dosage). 9. Axis III: 2. Patient Education: Understanding nature of illness and symptoms, participation in meaningful activities, cultivation of positive social relationships, utilization of staff resources for oris intervention, stress management, medication compliance, medication posis (maintain the patient symptom free at lowest possible dosage). 9. Axis III: 9. Axis III: 1. Axis III: 1. Axis III: 2. Presence of symptoms with development of the position of		2. Weight:
4. Affect: Appeared 5. Volition (Interest in the environment, ability to initiate and maintain goal directed behavior): G. L ASSESSMENT: Axis III: 2. Presence of symptoms which werrant close follow up (e.g., suicidal ideation, extreme withdrawal, sense of hopelessmess, agitation) or Need for special accommodation: Acc. Q 3. Medication Compliance, Side Effects, Drug Interactions: G. L Therapeutic Goals: Provide for the safety of the patient, assist patient in management of depress through use of: support groups, increased participation in activities which patient regards as meaningful, development of positive past times, pharmacological therapy and individual counseling CALL L. Dargachne 2. Patient Education: Inderstanding nature of Illness and symptoms, participation in meaningful activities, cultivation of positive social relationships, utilization of staff resources for cris intervention, stress sanagement, sedication compliance, medication goals (saintain the patient symptoms free at lowest possible dosage). Candanabal 3. Return to clinic: 3 Mu- 4. Medications:		
4. Affect: Appeared 5. Volition (Interest in the environment, ability to initiate and maintain goal directed behavior): G. L ASSESSMENT: Axis III: 2. Presence of symptoms which werrant close follow up (e.g., suicidal ideation, extreme withdrawal, sense of hopelessmess, agitation) or Need for special accommodation: Acc. Q 3. Medication Compliance, Side Effects, Drug Interactions: G. L Therapeutic Goals: Provide for the safety of the patient, assist patient in management of depress through use of: support groups, increased participation in activities which patient regards as meaningful, development of positive past times, pharmacological therapy and individual counseling CALL L. Dargachne 2. Patient Education: Inderstanding nature of Illness and symptoms, participation in meaningful activities, cultivation of positive social relationships, utilization of staff resources for cris intervention, stress sanagement, sedication compliance, medication goals (saintain the patient symptoms free at lowest possible dosage). Candanabal 3. Return to clinic: 3 Mu- 4. Medications:		3. Cognitive impairment (ability to focus on issues position)
5. Volition (Interest in the environment, ability to initiate and smintain goal directed behavior): O		O /-
5. Volition (Interest in the environment, ability to initiate and smintain goal directed behavior): O	·	4. Affect: / -2 2
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ASSESSMENT: Axis I: Axis III: A	-	5. Volition (Interest in the environment shilling as into
ASSESSMENT: Axis I: Acres 11: Axis III: Axis III: Z. Presence of symptoms which warrant close follow up (e.g., suicidal ideation, extreme withdrawal, sense of hopelesaness, sgitation) or Need for special accommodation: Acre 2 3. Medication Compliance, Side Effects, Drug Interactions: FLAN: 1. Therspeutic Goals: Provide for the safety of the patient, assist patient in management of depress through use of: support groups, increased participation in activities which patient regards as meaningful, development of positive past times, pharmacological therapy and individual counseling CALL A Day Johne 2. Patient Education: Understanding nature of Illness and symptoms, participation in meaningful activities, cultivation of positive social relationships, utilization of staff resources for crisintervention, stress sunagement, medication compliance, medication goals (maintain the patient symptoms free at lowest possible dosage). A. Medications: A. Medications: A. Medications:		Control ability to initiate and maintain goal directed behavior):
1. Diagnosis: Axis II: Axis III: 2. Presence of symptoms which warrant close follow up (e.g., suicidal ideation, extreme withdrawal, sense of hopelessness, agitation) or Need for special accommodation: Accol 3. Medication Compliance, Side Effects, Drug Interactions: FLAM: 1. Therapeutic Goals: Provide for the safety of the patient, assist patient in management of depress through use of: support groups, increased participation in activities which patient regards as meaningful, development of positive past times, pharmacological therapy and individual counseling CALL A Day of the 2 2. Patient Education: Understanding nature of illness and symptoms, participation in meaningful activities, cultivation of positive social relationships, utilization of staff resources for cris intervention, stress management, medication compliance, medication goals (maintain the patient symptom free at lowest possible dosage). Candenbal. 3. Return to clinic: 3 Mar. 4. Medications:		
1. Disgnosis: Axis II: Axis III: 2. Presence of symptoms which warrant close follow up (e.g., suicidal ideation, extreme withdrawal, sense of hopelessness, agitation) or Need for special accommodation: Accol 3. Medication Compliance, Side Effects, Drug Interactions: FLAM: 1. Therapeutic Goals: Provide for the safety of the patient, assist patient in management of depress through use of: support groups, increased participation in activities which patient regards as meaningful, development of positive past times, pharmacological therapy and individual counseling that the following patient of the patient of positive past times, pharmacological therapy and individual counseling activities, cultivation of positive social relationships, untilization of staff resources for crising intervention, stress management, medication compliance, medication poals (maintain the patient symptom free at lowest possible dosege). 3. Return to clinic: 3 Marchael. 4. Medications: Additional activities of possible doseges. Additional activities of possible doseges. Additional activities activitie		ASSESSMENT: A
Axis III: 2. Presence of symptoms which warrant close follow up (e.g., suicidal ideation, extreme withdrawal, sense of hopelessness, agitation) or Need for special accommodation: Accol. 3. Medication Compliance, Side Effects, Drug Interactions: PLAM: 1. Therspeutic Scale: Provide for the safety of the patient, assist patient in management of depress through use of: support groups, increased participation in activities which patient regards as meaningful, development of positive past times, pharmacological therapy and individual counseling Call & Dagadone 2. Patient Education: Understanding nature of Illness and symptoms, participation in meaningful activities, cultivation of positive social relationships, utilization of staff resources for crist intervention, stress management, medication compliance, medication goals (maintain the patient symptoms free at Lowest possible dosage). 3. Return to clinic: 3 Mac. 4. Medications: Advanced to the patient of the pati		in the memin
2. Presence of symptoms which warrant close follow up (e.g., suicidal ideation, extreme withdrawal, sense of hopelessness, agitation) or Need for special eccommodation: ***CLC** 3. Medication Compliance, Side Effects, Drug Interactions: ***PLANT: 1. Therapeutic Goals: Provide for the safety of the patient, assist patient in management of depress through use of: support groups, increased participation in activities which patient regards as meaningful, development of positive past times, pharmacological therapy and individual counseling *** **CLULL Lagradure** 2. Patient Education: Understanding nature of Illness and symptoms, participation in meaningful activities, cultivation of positive social relationships, utilization of staff resources for crisimervention, stress management, medication compliance, medication goals (maintain the patient symptom free at lowest possible dosage). 3. Return to clinic: 3 Mun. 4. Medications: ***A TAMANTAL AND TAM	· · · · · · · · · · · · · · · · · · ·	
3. Medication Compliance, Side Effects, Drug Interactions: Compliance Freedom		
3. Medication Compliance, Side Effects, Drug Interactions: Flat:		2. Presence of symptoms which warrant close follow up (e.g., suicidal ideation, extreme withdrawal,
3. Medication Compliance, Side Effects, Drug Interactions: Gard - freeher PLAN: 1. Therapeutic Goals: Provide for the safety of the patient, assist patient in management of depress through use of: support groups, increased participation in activities which patient regards as meaningful, development of positive past times, pharmacological therapy and individual counseling Call Anagement 2. Patient Education: Understanding nature of illness and symptoms, participation in meaningful activities, cultivation of positive social relationships, utilization of staff resources for crisintervention, stress management, medication compliance, medication goals (maintain the patient symptom free at lowest possible dosage). 3. Return to clinic: 3 Mar. 4. Medications:		
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1. Therapeutic Goals: Provide for the safety of the patient, assist patient in management of depress through use of: support groups, increased participation in activities which patient regards as meaningful, development of positive past times, pharmacological therapy and individual counseling Could of Magadone 2. Patient Education: Understanding nature of illness and symptoms, participation in meaningful activities, cultivation of positive social relationships, utilization of staff resources for crisintervention, stress management, medication compliance, medication goals (maintain the patient symptom free at lowest possible dosage). 3. Return to clinic: 3 Magadone Goals (Mallachel) All Medications:	_ -	grand terechen
1. Therspeutic Goals: Provide for the safety of the patient, assist patient in management of depress through use of: support groups, increased participation in activities which patient regards as meaningful, development of positive past times, pharmacological therapy and individual counseling Could be Rayadane 2. Patient Education: Understanding nature of Illness and symptoms, participation in meaningful activities, cultivation of positive social relationships, utilization of staff resources for criss intervention, stress management, medication compliance, medication goals (maintain the patient symptom free at lowest possible dosage). 3. Return to clinic: 3 Mu-4. Medications:	 	
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2. Patient Education: Understanding nature of illness and symptoms, participation in meaningful activities, cultivation of positive social relationships, utilization of staff resources for cris intervention, stress management, medication compliance, medication goals (maintain the patient symptom free at lowest possible dosage). 3. Return to clinic: 3 Mu- 4. Medications: 2. Patient Education: Understanding nature of illness and symptoms, participation in meaningful activities, cultivation of positive social relationships, utilization of staff resources for cris intervention, stress management, medication compliance, medication goals (maintain the patient symptom free at lowest possible dosage). 3. Return to clinic: 3 Mu- 4. Medications:		through the of: support groups, increased participation in activities which made
2. Patient Education: Understanding nature of Illness and symptoms, participation in meaningful activities, cultivation of positive social relationships, utilization of staff resources for cris intervention, stress management, medication compliance, medication goals (maintain the patient symptom free at lowest possible dosage). 3. Return to clinic: 3 Mu- 4. Medications: A Management of Illness and symptoms, participation in meaningful activities, cultivation of positive social relationships, utilization of staff resources for cris intervention, stress management, medication compliance, medication goals (maintain the patient symptom free at lowest possible dosage). 4. Medications:		meaningful, development of positive past times, pharmacological therapy and individual according
2. Patient Education: Understanding nature of Illness and symptoms, participation in meaningful activities, cultivation of positive social relationships, utilization of staff resources for cris intervention, stress management, medication compliance, medication goals (maintain the patient symptom free at lowest possible dosage). 3. Return to clinic: 3 Mw- 4. Medications: 9 As x 3 MwAy 4. Medications:		- Weredine
intervention, stress management, medication compliance, medication goals (maintain the patient symptom free at lowest possible dosage). 3. Return to clinic: 3 Mu- 4. Medications: 9 As x 3 multiples 1 And a symptom of positive social relationships, utilization of staff resources for cristical intervention, stress management, medication compliance, medication goals (maintain the patient symptom free at lowest possible dosage). 4. Medications:		2. Patient Education: Understanding nature of illness and symptoms, participation
3. Return to clinic: 3 Mar. 4. Medications: 9/10/10/10/10/10/10/10/10/10/10/10/10/10/		activities, cultivation of positive social relationships, utilization of confi
3. Return to clinic: 3 Mun 4. Medications: Of Trays cline 50m, 5 h 5 x 3 miles figure		intervention, stress management, medication compliance, medication goals (maintain objection)
3. Return to clinic: 3 Mw- 4. Medications: Of Trays cline 50m, 5 hs x 3 mhs/ffm		symptom free at lowest possible dosage). (1.)
4. Medications: Of They clone son ghs x 3 miles figure		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
OfTragadore son & h.s x 3 miles		3. Return to clinic: 3 My
1/19/2		4. Medications:
1/19/2		10/Tomologo Con Editor
119/2		1 1/cage in your ig 11.5 x 3 meter
· · · · · · · · · · · · · · · · · · ·		1/9/2

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HEALTH RECORD		CHRONOLOGICAL RECORD OF MEDICAL CARE		
DATE		SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZ	ZATION (Sign each entry)	
12-4-98	52	burning on urination x a u	ul leports	
0835		burning on urination x a u bx of chronic recurrent aFI	Had UA down	
`		2 weeks ago. Ollergic to Po	4	
	10,	aso: noft, notonderaus ,		
		us: who = 0-4 use = 4	-7	
		few win B	P = 124/86	
	A 7	UTI	a nder	
	P			
		A- Edur: Faral oflinds, us	distant	
		Fla Assi		
		1214198	Mitan	
	-	RAINELDO SARUIN, M.O.	M. TARR, MLP	
		D. OLSON DIRECTOR STAPE PHYSICIAN		
	4			
		Dosage		
	1 1	Special Instructions Understood		
<u></u>	C.	Gelsick, R.Ph		
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	ICATION	Use this space for Mechanical RECORDS		
mprint)		PATIENT'S NAME (Last, First, Middle Initial)	2n SEX	
		Siggers, Kevin		
			ATUS RANK/GRADE	
		SPONSOR'S NAME	ORGANIZATION	
		DEPART./SERVICE SSN/IDENTIFICATION NO	. DATE OF BIRTH	
		51627-00	, 0	
		CHRONOLOGICAL RECORD OF MEDICAL CAR		